

**House Committee on Higher Education  
Response to COVID-19 Information Request  
The University of Texas MD Anderson Cancer Center**

**The Committee seeks the following information related to the COVID-19 pandemic:**

1. Are institutions of higher education ensuring the health and safety of students, faculty and staff during the 2020 Fall Semester? When applicable, please speak directly to classroom and lab settings, dormitories and dining halls.

Yes. The University of Texas MD Anderson Cancer Center proactively took steps to protect cancer patients, ensure the health of the workforce and minimize the impact of COVID-19 on the community beginning in January 2020 and ramping up those efforts significantly in early March.

The School of Health Professions will be delivering a majority of their didactic courses via hybrid format (class sizes greater than 10). All student laboratory courses will still be conducted via face-to-face. However, all of the student labs as well as student classrooms have been reconfigured to adhere to the Institution's social distancing requirements and additional lab sections have been created to accommodate proper occupancies.

Students, faculty, and staff are required to be screened every day, including self-monitor questionnaires. Proper PPE will be worn at all times including masks in all areas and face shields in labs. In situations where students and instructors are in close proximity of each other for instructional purposes, additional Plexiglas shields will be placed.

2. What plans are in place for on-campus COVID-19 testing? Do institutions have the capacity to provide testing on campus, both in terms of available supplies and labs to process tests?

Laboratory medicine faculty and staff enabled MD Anderson to establish broad based testing for patients and employees. This includes testing for symptoms; asymptomatic testing of patients after high-risk exposures and prior to key patient care milestones (new patient visit, hospital admission, surgery or other high-risk procedure); and asymptomatic employee testing after high risk exposure and for routine surveillance. Our laboratory also provides testing capacity to Harris Health system patients and employees, allowing as many tests to be processed as Harris Health requests each day.

The institution has seven testing sites for outpatients and employees throughout the Houston metro area, a Swab Team that provides bedside testing to patients in the urgent care and inpatient areas as well as ample supplies and lab capacity for both routine and symptomatic testing of patients and employees (including trainees). We have collaborated with many stakeholders and developed a process to direct students and trainees to specific testing centers

per an algorithm approved by institutional leadership. MD Anderson also supplies appropriate PPE for students and trainees.

3. If applicable, what are plans for collegiate athletics this fall? How will student athletes be kept safe? If fans will be permitted to attend events, how will fans be kept safe?

N/A

4. What do projected enrollment figures and formula funding look like to institutions for this school year?

The School of Health Professions is expected to have an enrollment decrease between 8% - 9% for the fall 2020. There are many reasons for this including but not limited to: 1) the impact of COVID-19 on families with limited financial resources; 2) the impact of COVID-19 on personal and family related health issues; 3) the recent announcements by the Department of Homeland Security regarding F-1 international students. Although the announcement was subsequently removed, the impact remained as US Consulates have been delayed in issuing F-1 Visas.

A slight decrease in enrollment would normally translate into a slight decrease in formula funding under the assumption that the formula funding rates are maintained for the next biennium. However, the actual formula funding impact is determined by decisions of the Legislature.

5. Has there been a noticeable impact on staff or faculty retention with regard to concerns about the pandemic?

Turnover decreased by 22% for all categories of the workforce for the time period March 1, 2020 – July 31, 2020(989) in comparison to the same time period in 2019(1269).

The institution experienced a 30.26% increase in employee absenteeism due to employee/family member illness, and day care and school closures for the period of March through mid-July 2020 vs. the same period for 2019.

Additionally, we have experienced a significant increase in the number of ADAAA requests for accommodations directly related to COVID-19. Sadly, we have experienced at least two employee deaths due to COVID-19 complications.

To protect our workforce and to ensure their well-being and the well-being of patients that entrust their care to MD Anderson Cancer Center, the institution implemented the following programs to address employee well-being, retention, and safety.

Personal Well-being

Employee Assistance Program – since the pandemic began, the team saw an uptick in emotionally distressed employees. Examples of the response included:

- Extended hours to 9 PM and implemented virtual counselling sessions with video platforms & phone session
- Implemented support groups for those quarantined and affected by the virus
- Expanded the Employee Caring Fund to provide financial assistance to employees during the pandemic

Employee Health – The Employee Health and Wellbeing team served as the primary team to case manage COVID-19 positive employees, employee symptomatic and asymptomatic test coordination, and quarantine management.

Pulse Surveys – Executive leadership implemented period employee surveys to gage the sentiment of the workforce and how the institution could continue to recalibrate ongoing efforts to support staff. Based on feedback, programs were implemented, recalibrated, and the data is being utilized for short and long-term planning.

### **Financial Well-being**

To minimize the financial impact to the members of our workforce who were unable to work or saw a reduction in work hours as a result of closing of research areas, reduction in clinical operations, and reduced administrative support the Employee Reassignment Pool –(ERP) was created. Employees were reassigned through the ERP to fill key COVID-19 operational roles – e.g. patient/employee screening, high-touch disinfecting, housekeeping, patient transportation, employee health and well-being clinical and operational employee testing and return-to-work clearance support, employee service center support with COVID-19 leave, program, and testing assistance.

Leave Enhancements – MD Anderson temporarily enhanced leave offerings and based on workforce needs.

Reduction in Work Hours – To account for a reduction in work hours, once an employee exhausted all accrued leave, employees were eligible for the following:

- Disaster (state emergency leave) – up to one week of standard hours per month granted to ensure premium share for medical was maintained for eligible employees
- Employee Reassignment Pool – COVID-19 assignments available to bring employees up to their standard hours or to provide partial standard hours (see above)

- Major Disaster Donation Pool Hours - Employees could apply for up to 100 hours of donated leave to offset reduction of work hours once all accrued leave was exhausted.

### Remote Work

The institution implemented remote work for employees in non-direct patient care positions and research areas in which the position duties could be performed off campus. Over 50% of the institution has been working remotely since the end of March 2020. Results of our survey indicate that a majority of our workforce agree that they have the resources they need to effectively work remotely. Beyond COVID, approximately 30% of the workforce will be working remotely as part of our long-term business strategy.

6. Health Related Institutions were exempt from the 5% budget cuts earlier this year, due to their important role in resolving the public health crisis. What are some of the programs, research, and responses to the pandemic that our Health Related Institutions have contributed?

The institution is immensely grateful for the state's recent decision to exempt HRIs from the 5% reduction for the current biennium. The institution's overarching goal during the pandemic has been to reduce the impact of COVID-19 on the community by maintaining bed capacity and staff preparedness for an unexpected surge, providing access to rapid testing results for Harris Health System and Texas Division of Emergency Management, offering expert insight to local and state leaders on public health issues, and working with city, county and state officials to advise on response and recovery efforts.

MD Anderson is also uniquely poised to study the impact of COVID-19 in cancer patients, who remain at high risk for both contracting the virus and resulting complications of the disease. Faculty have initiated numerous therapeutic discovery strategies, including novel cell therapies targeted against viral proteins, as well as collection and delivery of convalescent plasma to combat COVID-19. The institution is also investigating numerous COVID-19 therapeutic approaches through stem cell transplantation, genomic medicine and immunotherapy, among others. The institution is also studying the impact of COVID-19 on the psychosocial wellbeing of employees, and is participating in a multi-institutional randomized trial of BCG vaccination to reduce COVID-19 risk in health care workers.

To enable various research efforts focused on COVID-19 in cancer patients, MD Anderson launched an institutional data collection and aggregation protocol called Data-Driven Determinants for COVID-19 Oncology Discovery Effort (D3CODE). The goal is providing investigators across many disciplines with a single platform that serves as a common, curated, readily available source of aggregated internal and external COVID patient data to empower the

rapid prosecution of research questions. To date, 32 research projects are taking advantage of D3CODE to advance their research aims, some of which are highlighted above.

**7. How have state and federal COVID-related funds already impacted budgets?**

The institution received federal CARES funding from Department of Education and Health and Human Services.

CARES DOE: MD Anderson is expected to receive a total of \$500,000. This amount includes \$142,920 from Round 1 student Allocation; \$142,920 from Round 2 Institutional Portion and \$214,160 Round 3 FIPSE. MD Anderson has made the decision to allocate 100% of the funding to students to provide emergency grants to aid students for expenses related to the disruption of campus operations as a result of the coronavirus. Funding has been initially disbursed to students during the spring and summer semesters. Final allocations expected to be disbursed during the fall semester.

CARES HHS: MD Anderson has received a total of \$83,459,708 which will be used to offset institutional lost revenues. This amount includes funding attributed to 1) Provider Relief Funds from the first \$30 Billion allocated to all Medicare Providers based on Medicare FFS payments (\$41,998,365 related to the Hospital and \$5,377,553 related to the practice plan); and 2) Provider Relief Funds attributed from the \$20 Billion allocated proportional to providers share of 2018 net patient revenues (\$36,083,790 related to the Hospital). Institutional revenue losses exceed those funds received from the Federal Government.

MD Anderson is in the process of submitting FEMA claims for COVID-19 related expenditures. As these claims are submitted and funding is received, the institution will report amounts in our monthly reports to the Legislative Budget Board.

**8. How has the pandemic affected the overall financial status of small and rural community colleges?**

N/A

**9. Does your institution have a public, online dashboard for the reporting of positive COVID-19 cases which is updated daily? If so, what is the link to the dashboard?**

No, we do not have a public, online dashboard.